

1261567

COMMONWEALTH OF VIRGINIA

DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS

COMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS - RICHMOND

REGISTRATION AREA NUMBER 123		CERTIFICATE NUMBER 00193		STATE FILE NUMBER	
1. FULL NAME OF DECEDENT (last, first, middle) Kenneth N. Williams					
2. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		3. DATE OF DEATH Nov 2, 2017		4. DATE OF BIRTH June 15, 1945	
5. PLACE OF BIRTH <input type="checkbox"/> IN U.S. <input checked="" type="checkbox"/> OUTSIDE U.S. (Specify country) New York		6. SOCIAL SECURITY NUMBER 113-50-1246		7. NO. SSN CHECK APPROPRIATE BOX <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
8. STREET ADDRESS (INCLUDE HOUSE AND/OR APT. # OR RTH. NO.) 603 Woodruff Lane		9. CITY OR TOWN OF RESIDENCE Culpeper		10. ZIP CODE 22701	
11. RACE OF DECEDENT (CHECK ONE OR MORE) <input type="checkbox"/> WHITE <input checked="" type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> KOREAN <input type="checkbox"/> OTHER PACIFIC ISLANDER (Specify) <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> JAPANESE <input type="checkbox"/> OTHER ASIAN (Specify) <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> GUAMANIAN OR CHAMORSEAN <input type="checkbox"/> JAPANESE <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Specify)		12. PLACE OF BIRTH (Specify country) USA		13. US STATE OR FOREIGN COUNTRY OF DECEDENT'S RESIDENCE Virginia	
14. DECEASED DATE OF BIRTH ORIGIN <input type="checkbox"/> AMERICAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> CENTRAL OR SOUTH AMERICAN <input type="checkbox"/> ALBANIAN <input type="checkbox"/> MEXICAN <input type="checkbox"/> PORTO RICAN <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> UNKNOWN		15. EDUCATION (HIGHEST GRADE COMPLETED) <input type="checkbox"/> ELEMENTARY/SECONDARY (12) <input type="checkbox"/> ASSOCIATE DEGREE <input type="checkbox"/> BACHELOR'S DEGREE <input type="checkbox"/> MASTER'S DEGREE <input type="checkbox"/> DOCTORATE/PROFESSIONAL DEGREE <input type="checkbox"/> UNKNOWN		16. CITIZENSHIP USA	
17. MARITAL STATUS <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNKNOWN		18. NAME OF SPOUSE (If divorced, separated or widowed, name of spouse (if divorced, name of spouse) Diana P. Williams		19. NAME OF SPOUSE (If divorced, separated or widowed, name of spouse (if divorced, name of spouse) Charles W. Williams	
20. NAME OF SPOUSE (If divorced, separated or widowed, name of spouse (if divorced, name of spouse) Charles W. Williams		21. NAME OF SPOUSE (If divorced, separated or widowed, name of spouse (if divorced, name of spouse) Diana P. Williams		22. NAME OF SPOUSE (If divorced, separated or widowed, name of spouse (if divorced, name of spouse) Charles W. Williams	
23. NAME OF HOSPITAL OR INSTITUTION OF DEATH (If none, so state) NONE		24. NAME OF HOSPITAL OR INSTITUTION OF DEATH (If none, so state) NONE		25. NAME OF HOSPITAL OR INSTITUTION OF DEATH (If none, so state) NONE	
26. SPECIFY IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> HOME <input type="checkbox"/> NURSING HOME <input type="checkbox"/> LONG TERM CARE FACILITY <input checked="" type="checkbox"/> DECEDENT'S HOME <input type="checkbox"/> CORRECTIONAL FACILITY <input type="checkbox"/> OTHER (Specify)		27. CITY OR TOWN OF DEATH Culpeper		28. STATE OF DEATH (If independent city, name state) VA	
29. STREET ADDRESS OR R.T. NO. OF PLACE OF DEATH 603 Woodruff Lane		30. ZIP CODE 22701		31. COUNTRY OF DEATH USA	
32. METHOD OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> CREMATION WITH BURIAL <input type="checkbox"/> CREMATION WITH ENTOMBMENT/MALCOLM <input type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> OTHER (Specify)		33. PLACE OF DISPOSITION - NAME OF CEMETERY OR CREMATORY Fairview Cemetery		34. CITY OR TOWN OF DISPOSITION Culpeper	
35. STREET ADDRESS OR R.T. NO. OF PLACE OF DISPOSITION 1708 Sperryville Pike		36. ZIP CODE 22701		37. COUNTRY OF DISPOSITION USA	
38. NAME OF FUNERAL HOME (If none, so state) Horizon Funeral Home		39. STREET ADDRESS OR R.T. NO. OF PLACE OF DISPOSITION 1708 Sperryville Pike		40. ZIP CODE 22701	
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